

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

KOIZY Utrai

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LOBBYIST REGISTRATION FORMS COMMISSION

(Type or Print Clearly)

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PART I LOBBYIST					
NAME (Last)	(First)	(Middle)	TELEPHONE		
Kubota	Tracy	S.	(808) 546-7335		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200			(808) 546-8500		
(City)	(State)	(Zip Code)			
Honolulu	HI	96841			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE		
Hawaiian Telcom, Inc.			(808) 546-7335		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200					
(City)	(State)	(State) (Z			
Honolulu	HI		96841		

PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE			
Hawaiian Telcom Services Company, Inc.		(808) 546-7335			
MAILING ADDRESS (Street)		FAX			
P.O. Box 2200					
(City)	(State)	(Zip Code)			
Honolulu	HI	96841			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE			
JoAnn C. Yosemori		(808) 546-3868			
MAILING ADDRESS (Street)		FAX			
P.O. Box 2200		(808) 546-8500			
(City)	(State)	(Zip Code)			
Honolulu	HI	96841			

		ICH YOU EXPECT TO LOBBY	1		
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Telecommunication		
	ON OF LOBBYIST				
I hereby certify that th	e information furnished above	e is, to the best of my knowledg	ge, correct and complete.		
Mayskubster 8-14-06					
(Signature of Lobbyist)					
			(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFICER	OR PERSON REPRESENTED		
Michael S. Ruley	Chief Executive Officer				
NAME OF ORGANIZATION (if a	pplicable)		TELEPHONE		
Hawaiian Telcom Services Company, Inc.			(808) 546-7844		
MAILING ADDRESS (Street)			FAX		
P.O. Box 2200			FAA		
(City)	(State)		(ip Code)		
Honolulu	HI 96841		,		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
- Wirl Al Roles 9154/21					
(Signature of Au	thorizing Officer or Person Represe	nted)	(Date)		

(Date)